



**KING COUNTY EMS CISM PROGRAM  
DEBRIEFING/DEFUSING REPORT**

\_\_\_ CISD  
\_\_\_ Defusing

DATE OF INCIDENT: \_\_\_\_\_ / TIME: \_\_\_\_\_

DEBRIEFING DATE: \_\_\_\_\_ / TIME: \_\_\_\_\_

REQUESTING AGENCY: \_\_\_\_\_ POINT OF CONTACT: \_\_\_\_\_

PRIOR AGENCY TRAINING: \_\_\_\_\_ None: \_\_\_\_\_

BRIEF DESCRIPTION OF INCIDENT:

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LOCATION OF DEBRIEFING: \_\_\_\_\_

ADVANTAGE(S) OF LOCATION: \_\_\_\_\_

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DISADVANTAGE(S) OF LOCATION: \_\_\_\_\_

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NUMBER OF PARTICIPANTS: \_\_\_\_\_

SIGNIFICANT ISSUES FOR THE GROUP: \_\_\_\_\_

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SUMMARY OF THE DEBRIEFING: \_\_\_\_\_

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DID CISD TEAM MEMBERS MEET BEFORE \_\_\_\_\_ CISD? AFTER \_\_\_\_\_ CISD?

DO YOU RECOMMEND ANY FOLLOW-UP (REFERRAL TO PRIVATE COUNSELORS/AG. TRAINING)? \_\_\_\_\_

ARE THERE SPECIFIC ISSUES THAT YOU FEEL SHOULD BE COVERED IN AGENCY TRAINING? \_\_\_\_\_

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ARE YOU ABLE TO PARTICIPATE IN THIS EDUCATION? \_\_\_\_\_

ARE THERE WAYS THE FOLLOW-UP PROCESS COULD BE MADE MORE EFFECTIVE? \_\_\_\_\_

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**OPTIONAL QUESTIONS ON BACK**

**FAX TO: Ron Quinsey, CISM Manager  
206-296-4866**

C:\Documents and Settings\ingj\Desktop\Ron Quinsey\De

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**ADDITIONAL COMMENTS:**